

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 20
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY / /

Full Name of Payee Grassroots Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 2828 University Avenue SE, #150		Amount 2901.85
City Minneapolis	State MN	Zip Code 55414
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D557032 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 80 F Street, NW		Amount 252.67
City Washington	State DC	Zip Code 20001
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Transaction ID : D557036 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3154.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
10 / 27 / 2014

Signature